

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000091645 (9)**

1. Corporation Name

MICHAEL NASSAR, INC.

Principal Place of Business

**1801 SE 24TH AVE.
FT. LAUDERDALE FL 33316**

Mailing Address

**1801 SE 24TH AVE.
FT. LAUDERDALE FL 33316**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**NASSAR, MICHAEL
1801 SE 24TH AVE.
FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

4. FLETC Number

65-0541959

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0012 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.024, Florida Statutes.

SIGNATURE

Signature of person submitting this report

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-STATE-ZIP

13.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

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5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered or trust company authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Michael Nassar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL NASSAR

3/1/96

954-139-6224

CR2E034 (12/95)